

Quality Evaluation Report

Version 1:3, February 2016

Assessment against the National Standards for Disability Services

Disability sector organisation:	Midwest Community Living Association
Service point name:	Whole organisation
Outlet names:	Accommodation Support Care for a Holiday Community Living Support Individualised Services Respite Brokerage Service Respite for Aging Carers - Midwest Policies & Procedures
Chief Executive Officer:	Angie Phillips
Final report date:	DRAFT REPORT: 9 August 2016
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*This report was prepared by a member of the Panel Contract of Team Leaders and Evaluators. The Panel Contract is managed by the Disability Services Commission.

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Contents

<u>Part A: Executive summary</u>	3
<u>Introduction</u>	3
<u>Summary of findings</u>	6
<u>Part B: The Standards</u>	8
<u>Standard 1: Rights</u>	9
<u>Standard 2: Participation and inclusion</u>	11
<u>Standard 3: Individual outcomes</u>	13
<u>Standard 4: Feedback and complaints</u>	16
<u>Standard 5: Service access</u>	18
<u>Standard 6: Service management</u>	20
<u>Appendix 1: Definitions</u>	24
<u>Disclaimer</u>	26

Acknowledgments

The Evaluators extend thanks to individuals, families, carers, management and staff for the assistance they provided throughout the evaluation visit.

Part A: Executive summary

Introduction

This report describes the findings of the evaluators who visited Midwest Community Living Association (MCLA) in July 2016 and completed an assessment of feedback from individuals with disability, their families and carers, staff and management; and the service's compliance against the National Standards for Disability Services.

A preliminary meeting was held on 5 July and the evaluators visited the service on 5 and 6 July. An exit meeting was held on [TBA].

The organisation mostly uses the commendably personalised term 'people we support' to refer collectively to people with disability who use its services. The term 'individual' is used in this report. Family member/s of people with disability, family, and carers are referred to in those terms.

Note: Under the Carer's Recognition Act 2004, a carer refers to a person who provides care or assistance to another person who is frail, has a disability, a chronic illness or a mental illness, without payment apart from a pension, benefit or allowance.

Service profile	
Service description	
The services provided	<p>MCLA was incorporated in 1991 as a parent-led voluntary association. In 2005 it employed its first CEO and has subsequently grown to its current team of management and Support Workers.</p> <p>Its current range of services is: various levels of support to 30 individuals in the contexts of their own homes; support for individuals to participate in community activities; respite funding and support to families; and an out-of-home respite service at its 'Care for a Holiday' house, used by around 60 families.</p> <p>Individuals' homes are leased from Community Housing, an organisation that MCLA collaborates closely with.</p>
The resources	<p>Direct services are provided by around 36 Support Workers (22 full time equivalent positions). The office team is comprised of six full time positions – CEO, three Coordinators, Finance Manager and Office Administrator.</p> <p>Individuals pay expenses related to their various activities, and a scale of fees apply to bookings of the respite house. The organisation's budget is</p>

	approximately \$2,000,000.
The people using services	The 80 individuals reside throughout the Midwest region, and are very diverse in terms of age (child and adult), support needs (low to very high and complex), and ethnicity.

Consultation

Statistics

Number of visits to group homes	0
Number of individuals with disability present in group homes during visits	0
Number of visits to private homes	3
Number of interviews with individuals with disability	8
Number of interviews with family members / friends / carers / advocates	2
Number of telephone interviews or emails with individuals with disability	8
Number of telephone interviews or emails with family members / friends / carers / advocates	18
Number of individual files / plans reviewed	16
Number of complaints reviewed	0
Number of staff meetings attended	0
Number of staff consulted	13
Number of external stakeholders consulted	2

Quality Evaluation assessment against the Standards

The following scale has been used to measure performance against **each National Standard**

Met	Feedback, observed and written evidence clearly demonstrates that the service provider meets the requirements
Not met	Feedback, observed and written evidence clearly demonstrates that the service provider does not meet the requirements

Based on the information provided by individuals, their families, friends, carers, advocates, staff and management; and through documentation and observations made by the Evaluation team, this organisation's performance has been assessed as:

Assessment against the Standards

Standard	Assessment
Standard 1: Rights	Met
Standard 2: Participation and inclusion	Met
Standard 3: Individual outcomes	Met

Standard 4: Feedback and complaints	Met
Standard 5: Service access	Met
Standard 6: Service management	Met

Summary of findings

Please refer to Appendix 1: Definitions

Good Practices (GP)

If/where noted during a Quality Evaluation, GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GPs inform the Commission's Board and enhance sector development. The following includes up to two (2) brief example/s of GPs implemented.

Business practice/s	<ul style="list-style-type: none"> A set of processes aimed at Board renewal that were ongoing at the time of the evaluation, as summarised at Standard 6.
Other good practices noted	<ul style="list-style-type: none"> The use of Velcro pictorial charts to enable improved communication and choice making.

Required Actions (RA)

If/where noted during a Quality Evaluation, RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty of care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.

No	Standard	RA statement	Compliance date
1.		There were no required actions identified.	

Service Improvements (SI)

If/where noted during a Quality Evaluation, SIs identify actions to enhance practices in addressing outcomes for people with disability and enhance compliance with the National Standards for Disability Services. These matters are highlighted as continuous improvement activities, are reported on in the annual Self-assessment and may be noted in future Quality Evaluations.

No	Standard	SI statement
1.	3	That consideration be given to the suggestion of some families for forums to be held to assist them network and learn more about funding issues and processes.
2.	3	That the Individual Support Plan template be amended to include allocation of responsibilities for implementation of strategies, and clearer recording of progress in this area.

Other Matters (OM)

If/where noted during a Quality Evaluation, OMs refer to identified matters that are

not within the scope of a Required Action/s or Service Improvement/s and therefore, do not have reporting requirements. The following includes up to four (4) brief example/s of OMs noted.

No	Standard	OM statement
1.		There were no other matters to report.

Part B: The Standards

In this section, the Standards are assessed against compliance requirements and qualitative elements. A brief comment is provided regarding the Standard.

There are six National Standards that apply to disability service providers.

1. **Rights:** The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
2. **Participation and inclusion:** The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
3. **Individual outcomes:** Services and supports are assessed, planned, delivered and reviewed to build on individual strengths that enable individuals to reach their goals.
4. **Feedback and complaints:** Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
5. **Service access:** The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. **Service management:** The service has effective and accountable service management and leadership to maximise outcomes for individuals.

Further information about the National Standards and the Commission's Quality System can be access on the website:

<http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system>

Standard 1: Rights

The intent of this Standard is to promote ethical, respectful and safe service delivery that meets legislative requirements and achieves positive outcomes for people with disability. This Standard has a focus on particular rights including: freedom of expression, decision-making and choice; freedom from restriction; freedom from abuse, neglect, harm, exploitation and discrimination; privacy and confidentiality.

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.

- **(P) proposed:** not existing and yet to be developed
- **(E) existing:** currently in place
- **(R) under review:** in place and scheduled for review
- **(NA) not applicable:** not relevant

The service point has the following policies and / or procedures for:

- | | P | E | R | NA |
|---|---|---|---|----|
| • treating individuals with dignity and respect | | X | | |
| • promoting and supporting individuals' freedom of expression and decision-making and choice | | X | | |
| • recognising, preventing, responding to and reporting abuse, neglect, exploitation and other serious incidents | | X | | |
| • safeguarding individuals' rights | | X | | |
| • providing contemporary, evidence-based support strategies with minimal restrictions | | X | | |
| • maintaining individuals' privacy and confidentiality | | X | | |

Qualitative information

This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates

- Feedback from families confirmed that they and their relatives were treated with dignity and respect, and that staff are very good to them.
- Families also confirmed that they and the individuals concerned are involved in making decisions and know their rights.
- One family did flag an issue around communication, in that they would prefer communications to be direct contact from the office to them and not via a carer. As a one-off comment, no recommendation is made, the point being presented here for management's consideration.
- Some families (where relevant) gave a strong endorsement of the organisation's and Support Workers' capacities to deal with very specific needs, including behavioural supports, in a competent and effective manner.

Staff and management knowledge

- All personnel strongly demonstrated a knowledge of, and commitment to upholding, the themes of this Standard.

- References to supporting choice-making, and tailoring supports to suit each individual, were frequently made.
- Support Workers, where relevant, demonstrated a strong working knowledge of positive behaviour supports, in some cases providing detailed descriptions about how they incorporate this in their roles and how individuals have benefitted as a result.
- More broadly, strong processes regarding positive behaviour supports were described by management, including having an internal panel to review and advise relevant issues, and the engagement of external expertise in this area.
- Through many examples, management and staff demonstrated strong advocacy in engaging with service providers, generic services and community resources, in order for options needed by individuals were available, or existing options were improved. Examples included collaboration with workplaces, day programs, government departments and health care providers.

Observations

- Many observations were made of interactions of management and staff with individuals and family members, in contexts including the office, individuals' homes, and community venues. These were without exception highly respectful, as well as informal and friendly.
- Management and office staff were frequently observed to welcome individuals and families in the process of their 'dropping in' to the office. It is very much an 'open door', welcoming environment, reflecting the tone of the organisation as experienced by the evaluators.
- The use of Velcro pictorial charts were observed, enabling enhanced communication and choice making for some individuals.

Critical documents, systems and processes

- The Behaviour Support Plans and related documents were very clear and tailored to each individual.

Assessment against the Standard

General statement	High standards are maintained in this area.
Standard 1: Rights	Met

Standard 2: Participation and inclusion

The intent of this Standard is to promote the connection of people with disability with their family, friends and chosen communities. It requires services to work collaboratively with individuals to enable their genuine participation and inclusion, and that the individual's valued role needs to be one of their own choosing.

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: not existing and yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • actively promoting a valued role for individuals, related to their interests and preferences 		X		
<ul style="list-style-type: none"> • promoting and supporting participation and inclusion and community connection 		X		
<ul style="list-style-type: none"> • respecting Aboriginal and Torres Strait Islander culture, and promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection 		X		

Qualitative information

This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates

- Support was described as provided in all areas of life, including further education, school to post-school transition, voluntary and paid work, external day programs, many personal appointments, recreational activities, visits to and from family and friends, as well as routine business such as shopping and banking.
- Individuals gave a very positive account of the wide range of community activities that they receive assistance in.
- A small sample of those they described were dog walking, attending a gym, visiting the library, attending and being socially involved at a football club, volunteering at a surf club, enrolment in various courses (e.g. cooking classes), dining out, among a great many others.
- Family members also expressed high levels of satisfaction with the support provided to their relatives in this area.
- For families using respite, community participation for their relative was an equal, or secondary, area of support, albeit a highly valued one that increased the range of community participation.
- One of many similar quotes illustrates this point: "It's beneficial for [child with a disability] and us, we do things with our other children, and [child's name] gets the

one to one focus he really needs...it allows us to get on with our lives, just everyday stuff”.

Staff and management knowledge

- All personnel demonstrated a very high priority on assisting individuals to have the most fulfilling lifestyles possible. They gave many examples of constantly striving to ensure that existing activities were maintained and safeguarded, and that new ones were found to meet interests and fill gaps in individuals’ lives.
- Many members of management and staff were particularly well connected in their local communities, such as with sporting clubs and social groups, which they draw upon to create opportunities for individuals.
- Members of management are also active on local committees and groups, in order to ensure new social, recreational, and other participation opportunities are made available.
- One Support Worker described researching NAIDOC week activities, and was making plans to support an Aboriginal individual in several of these.

Observations

- Many observations were made of individuals going about their generally busy lives, including going to and from work and other regular activities, as well as one-off trips out such as for walks or to a café in spare time.

Critical documents, systems and processes

- Individual Support Plans contained a great deal of information on goals and strategies reflecting this Standard.

Assessment against the Standard

General statement	High standards are maintained in this area.
Standard 2: Participation and inclusion	Met

Standard 3: Individual outcomes

The intent of this Standard is to promote person-centred approaches to service delivery where individuals lead and direct their services and supports. Services and supports are expected to be tailored to an individual's strengths and needs, and deliver positive outcomes. This Standard recognises the role of families, friends, carers and/or advocates in service planning, delivery and review.

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: not existing and yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • person-centred individual service planning, delivery and review 		X		
<ul style="list-style-type: none"> • respecting and responding to individual diversity 		X		
<ul style="list-style-type: none"> • respecting culturally and linguistically diverse cultures and promoting people's cultural and community connection 		X		

Qualitative information

This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates

- Families and individuals confirmed that they are involved in planning and reviewing of their supports and services. They said they are actively involved and are acknowledged and listened to.
- Families also said that staff were responsive to their needs and flexible to changes.
- Families are very appreciative of the supports they receive for respite and are grateful for all that is provided to them, one describing the staff as "really fantastic".
- A majority of families who self-manage their respite funding and supports described the support of the organisation in facilitating the funding, back-up support and provision of information around this as being excellent.
- Some, however, said they felt out of touch and struggled to understand the funding process and the documentation. They appreciated the support from staff, but said they were still confused, overwhelmed and frustrated. They suggested the organisation run a few forums where parents can network with each other, and to learn more about funding issues and processes. SI 1 refers.
- Individuals and families described (as did management and staff) a great many positive outcomes, a small sample of which included increased independence

(e.g. in shopping, budgeting, and using public transport), increased skills in household tasks such as cooking and cleaning up, broader social networks, reconnections with extended family networks, increased confidence, entry to study and work opportunities, improved fitness and general health, reduced (greatly so in some instances) challenging behaviours, among many others.

Staff and management knowledge

- Personnel at all levels provided solid accounts of their involvement in formal, and ongoing/informal, planning processes.
- Management described a very personalised, collaborative approach to this area, including extensive engagement with the many stakeholders (such as work and day program personnel, family members, staff and any relevant others) in each individual's life.
- Support Workers were able to give detailed accounts of the various goals and strategies regarding the clients they support, which closely reflected the contents of Individual Support Plans.

Observations

- The many observations made of management and staff with individuals conveyed a clear impression of close personal knowledge and rapport – a strength that underpins planning processes.

Critical documents, systems and processes

- Individual Support Plans and related documents were clear, concise, and demonstrated excellent attention to depth and detail.

Individual plan assessment

This section relates to people with individualised funding (where plans are completed by organisations / Local Area Coordinators / My Way Coordinators).

Desktop assessment

- A total of 16 plans were reviewed and 100% met basic qualitative and outcomes criteria.

Plans consider and document individual choices

- This was clearly evident, and corroborated through consultations with individuals and families.

Plans record decisions regarding the individual's supports and funding arrangement, with determination of safeguards as appropriate

- Funding and support information varied depending on the nature of services being used, with relevant documents maintained in individual files (for individuals with individual funding).
- For respite individuals and families (plans for whom are not considered in this section as their services are 'block' funded), funding and support documentation was reviewed and found to be very well maintained. The quality of documentation and processes in this area was favourably commented on by many families.
- Relevant safeguarding information was evident in plans and the broader individual files. Examples include a 'Positive Behaviour Support' section with the 'Profile' document, 'Behaviour Support Plans', specific plans reflecting individuals' needs, and 'Risk Management' and 'Safeguards' sections.

Plans include monitoring, reviewing and following up individual progress against goals and outcomes

- These areas were well addressed, with the exception in the majority of plans being

that the allocation of responsibilities for the implementation of strategies was either not stated or else was stated in very broad terms, and progress in this area was often unclear. It is recommended that the Individual Support Plan template be amended to address this. Service Improvement 2 refers.

Stated outcomes reflect the wishes of people using services and the extent to which they feel they have choice and control

- Consultations with individuals and families strongly corroborated the contents of plans against this criterion.
- The contents of plans cover all relevant aspects of individuals' lives, as described earlier.

Statement about individuals' satisfaction with the supports provided to facilitate achievement of goals

- Very high levels of satisfaction were reported, as summarised above and later at Standard 6.

Assessment against the Standard

General statement	High standards are maintained in this area.
Standard 3: Individual outcomes	Met

Standard 4: Feedback and complaints

The intent of this Standard is to ensure that positive and negative feedback, complaints and disputes are effectively handled and seen as opportunities for improvement. Services should provide a range of opportunities to seek feedback, recognising that people need to feel safe to provide feedback and have access to advocates and independent support.

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: not existing and yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • encouraging and managing feedback, complaints and dispute resolution 		X		
<ul style="list-style-type: none"> • developing a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services 		X		

Qualitative information

This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates

- A strong theme from feedback was of excellent communication, ease of raising issues and concerns, and having these promptly addressed.
- There were no instances described of complaints being made that weren't able to be promptly and satisfactorily resolved.
- These points extended to families living in remote and regional locations, who rely more heavily on phone and email contact.
- A minority of families voiced some concern around having to initiate contact but said it may be due to the nature of their respite arrangements. They suggested that it would be a good strategy for the office staff to establish a monitoring and follow up system for families and individuals receiving respite to see how services were going, and to encourage regular communication between everyone. This point is presented here for management's consideration.

Staff and management knowledge

- Staff and management described and demonstrated detailed knowledge about, and in many cases a close rapport with, individuals, members of their families and relevant others.
- This provided a context for many descriptions of individuals and families raising ideas, issues of concern and complaints, and of these being dealt with in a

supportive manner.

Observations

- A great many observations were made of interactions of individuals and families with staff and management. These were without exception very positive – natural, friendly and respectful. This provides a positive context for the open sharing of information, including the raising and address of concerns.
- The atmosphere at the office in particular was observed to be very welcoming and informal. Many observations were made of individuals, families and Support Workers ‘dropping in’, and interactions among them, and with members of the office team, showed real rapport, friendship and humour.

Critical documents, systems and processes

- The organisation uses various survey processes (such as Survey Monkey, and hard copy feedback forms for completion in the absence of staff or management) to gain regular, confidential feedback. The tone of this feedback has been very positive.
- The themes from this feedback are collated and used for the benefit of staff, management and the Board.
- The organisation’s recently-upgraded website, and its Facebook site, also provide options for sharing feedback and raising issues.

Assessment against the Standard

General statement	High standards are maintained in this area.
Standard 4: Feedback and complaints	Met

Standard 5: Service access

The intent of this Standard is to ensure that access to services and supports are fair and transparent and that individuals understand criteria and processes regarding access to, and use of, a service or support. This includes clear explanations when a service or support is not available and referral to alternative service options.

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: not existing and yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • promoting and supporting fair and transparent service access 		X		
<ul style="list-style-type: none"> • maintaining up-to-date information on alternative service options and referral support 		X		

Qualitative information

This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates

- Families described the provision of information, upon entry and ongoing, as being a strong feature of MCLA.
- Some also described other service and generic support options that they were using, or knew of, as a result of information provided by MCLA.
- For those using multiple services, excellent collaboration was described.
- One family member gave a detailed account of excellent support around the entry of a new individual to her relative's home, in which a great deal of care was taken to ensure compatibility. A previous 'mix' of individuals at the home had been unsatisfactory.

Staff and management knowledge

- Members of the office team provided good accounts of entry and exit processes. Scenarios described demonstrated a personalised, supportive approach, reflecting individuals' and families' feedback as summarised above.
- They also demonstrated strong networks with relevant people and organisations for purposes of referral and ongoing liaison.
- The Chairperson commented that a focus for the Board and management over the next year or so will be increasing the organisation's marketing capacity, such as through the development of promotional materials and possibly the recruitment of a suitably qualified new Board member. This was considered a priority in the context of the continuing roll out of the NDIS.

Observations

- The office is centrally located in Geraldton. Its location and welcoming atmosphere is conducive to current, and prospective new, individuals and families to drop in any time.
- The office's lobby has a good selection of brochures and other publications available to take.

Critical documents, systems and processes

- The website contains a good range of information to enable prospective new individuals and families to consider the organisation and its services.
- The Facebook page is well used, including through management posting a wide range of information likely to be of interest to individuals and families.
- Various written information is provided upon entry, and development of a welcome/introduction pack was being planned for at the time of the evaluation.

Assessment against the Standard

General statement	High standards are maintained in this area.
Standard 5: Service access	Met

Standard 6: Service management

The intent of this Standard is to ensure that services are accountable and have sound governance that will enable services and supports to be delivered in a safe environment by appropriately qualified and supervised staff. It also requires services to promote a culture of continuous improvement as a basis for quality service delivery.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: not existing and yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • human resource management (ie recruitment, selection and induction; code of conduct; accountable and ethical decision-making; and performance management) 		X		
<ul style="list-style-type: none"> • employment records that are current and maintained (ie Police Clearances and Working with Children Checks) 		X		
<ul style="list-style-type: none"> • individuals' records that are current and maintained (ie individual plans, services received, demographics, etc) 		X		
<ul style="list-style-type: none"> • work health and safety 		X		
<ul style="list-style-type: none"> • maintaining a safe environment (ie fire and evacuation) 		X		
<ul style="list-style-type: none"> • administration of medication 		X		
<ul style="list-style-type: none"> • risk management 		X		
<ul style="list-style-type: none"> • financial management 		X		
<ul style="list-style-type: none"> • promoting opportunities for the involvement of people with disability, families, carers and advocates in service and support planning, delivery and review 		X		
<ul style="list-style-type: none"> • training, monitoring and reviewing staff knowledge and implementation of policies, procedures and practices 		X		
All policies and procedures relating to the National Standards 1-6 for the service point are:				
<ul style="list-style-type: none"> • current and dated 		X		
<ul style="list-style-type: none"> • include a review date 		X		
<ul style="list-style-type: none"> • where appropriate, developed in consultation with individuals, family, friends, carers, advocates 		X		
<ul style="list-style-type: none"> • where relevant, available to potential and current individuals, family, friends, carers, advocates 		X		
<ul style="list-style-type: none"> • made available in customised accessible formats, including languages other than English, as required 	X			

Operating a safe service			
<p>This section relates to the operational component of the Standards and indicates where practices are in place for the service point.</p> <ul style="list-style-type: none"> • (M) met: practices demonstrate the requirements have been met • (NM) not met: practices demonstrate the requirements have not been met • (NA) not applicable: this practice is not relevant 	M	NM	NA
The status of the following practices for the service point is assessed as:			
• The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	X		
• National Police checks are regularly updated for Board members, staff, volunteers and contractors.	X		
• The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff member, volunteer or contractor.	X		
• Board members, staff, volunteers and contractors have Working with Children clearances as appropriate.	X		
• The service has an emergency evacuation plan.	X		
• The service regularly practices its emergency evacuation plan.	X		
• The service keeps records of evacuation trials.	X		
• The administration of medication occurs as detailed in the policies and procedures instructions.	X		
• The buildings are maintained in a condition that does not pose a risk to staff and service users.	X		
• Regular work health safety audits are undertaken to identify and address potential safety hazards.	X		
• A risk register is kept which monitors risks associated with workplace, travel, and individuals' home environment, as applicable.	X		
• There is a current record of staff training in the implementation of policies, procedures and practices.	X		

Qualitative information

This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates

- A broad theme from all feedback was of a high regard for the organisation. There was a sense of gratitude and loyalty to it, based on high levels of satisfaction with its services, and satisfaction with and a liking for management and staff.
- A sample of quotes to illustrate: “They’ve always been very helpful, they’re wonderful”, “It [respite] gives me time to catch up with family and friends”, “They’re very responsive”, “I couldn’t fault them”, “They’re very supportive people...always available to look into things and provide advice for us”, “They’re always in touch, phone calls and emails, with information about what’s going on, I really appreciate that”, “They’re really wonderful people”, “They sort things instantly”, “Everything’s really well done”, and “They’ve been wonderful, I’m just so grateful”.
- The majority of families said that they are so busy with work, family and home, that they didn’t have enough time to be actively involved with the policies and procedures that have an impact on them. However they would not hesitate to request copies if they had queries about them.
- Some family members mentioned being invited by the organisation to be involved as a Board member, but they weren’t in a position at the time to make a commitment.

Staff and management knowledge

- The evaluators were most impressed with the knowledge, competence and dedication of management and staff.
- The evaluators experienced a general tone of commitment to high standards and a strong values base through discussions with personnel at all levels.
- The large majority of Support Workers described a real liking for the organisation and their jobs, excellent support from management, and good training and development opportunities.
- Some staff expressed appreciation of the organisation’s support enabling them to complete relevant studies at Certificates 3 and 4 levels. The CEO advised that this is a priority form of training across MCLA.
- Some excellent developments at Board level were ongoing at the time of the evaluation. The Chairperson described, and provided documentation relating to, a range of initiatives aimed at restoring the Board to a more active, informed and involved position, from which it had gradually slipped over the years. Measures include engaging external expertise to advise and guide, more active support for and appraisal of the CEO, more direct involvement in governance issues (such as policy and procedure development, contract issues, strategic planning, relationships with external stakeholders, and review of finances), increased engagement with staff such as through staff training events, and clarification and documentation of Board member roles and responsibilities.

Observations

- Excellent, supportive and good humoured working environments, particularly at the office, were observed as described earlier.

Critical documents, systems and processes

- Two external stakeholders provided feedback to the evaluation, both giving strong endorsements of the organisation, its management and staff, and quality of planning and support. One commented that “MCLA are solutions-focussed, any situations that arise they’re straight on to it, fully flexible and responsive”.
- In general, the Standards-related documentation reviewed was extensive and well organised.

Assessment against the Standard

General statement	MCLA is managed at a very high standard.
Standard 6: Service management	Met

Appendix 1: Definitions

Good Practices (GP)	Descriptors
<p>GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GPs inform the Commission's Board and enhance sector development.</p>	<ul style="list-style-type: none"> • The organisation has a sound governance structure with written statements of their vision/mission, sound policies and procedures in place, a strategic plan; and evidence supports their ownership and compliance. • The organisation has managed and reported on financial and human resources activities well. • Continuous improvement is embedded within the organisation and demonstrates a planned approach to self-evaluation that is flexible and responsive to changing priorities. • The organisation demonstrates strong public accountability (websites, publications, public disclosure).
Required Actions (RA)	
<p>RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty-of-care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.</p>	<ul style="list-style-type: none"> • There is a total breakdown of a system or procedure governed by applicable Standards. • There is a total absence of a requirement being addressed by the provider. • There is a failure to comply with the requirements of the Standards. • There are serious implications for individuals ('felony-like'; relating to individual rights, safety, wellbeing and dignity; legal requirements; duty of care issues). • The major gap represents a high risk to individuals. • Experience and judgement indicate there is a likely failure to assure quality services. • A number of long-standing gaps in the Standards are related to the same requirement.
Service Improvements (SI)	
<p>SIs identify actions to enhance practices in addressing outcomes for people with disability and enhance compliance with the National</p>	<ul style="list-style-type: none"> • There is a weakness in the system, not the absence of a system. • Human error is evident. • The weakness affects the service, but is not unsafe ('misdemeanour-like').

Disability Services Commission: Quality System Quality Evaluation Report

<p>Standards for Disability Services. These matters are highlighted as continuous improvement activities, are reported on in the annual Self-assessment and may be noted in future Quality Evaluations.</p>	<ul style="list-style-type: none"> • There is minimal risk to individuals. • Experience and judgement indicate an improvement will enhance the quality of the service. • A single observed lapse or isolated incident is evident, but does not impact the whole. • There is sound ongoing intent to address the issue, but it is not yet fully resolved. • SIs may include, but are not limited to opportunities to: <ul style="list-style-type: none"> • improve communication mechanisms for: organisational change; contact with individuals, families and carers; response timeframes; and/or alternative communication methods. • improve systems, processes and databases (eg data not current) to improve work efficiency. • present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.
<p>Other Matters (OM)</p>	
<p>OMs refer to identified matters that are not within the scope of Required Action/s or Service Improvement/s and therefore do not have reporting requirements.</p>	<ul style="list-style-type: none"> • Matters for consideration do not represent a gap or weakness in meeting the Standards. • A lack of financial and/or human resources and/or strategic governance to enhance services and foster a positive attitude/culture is evident.

Disclaimer

The quality evaluation assessment is necessarily limited by the following:

- The methodology used for the evaluation has been designed to enable a reasonable degree of assessment in all the circumstances.
- The assessment involves a reliance on multiple sources of evidence, including observations, feedback and some written records. The accuracy of written records cannot always be completely verified.
- The assessment will often involve a determination as to which of two or more versions of the same facts put to the evaluator(s) is correct under circumstances, where this issue cannot be determined with absolute certainty.
- The assessment will involve the evaluator(s) raising issues with a sample of individuals with disability, their family members, carers, friends, advocates and other relevant stakeholders. On some occasions, information gathered from a sample will not reflect the circumstances applying over the whole group.